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** CONTINUING DATA ****

 This application is a CON of 10/034,522 12/20/2001 PAT 6,676,929
 which is a CON of 08/875,365 12/12/1997 ABN
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 which is a CIP of 08/382,317 02/01/1995 ABN

** FOREIGN APPLICATIONS ****


IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 9
Verified and Acknowledged Examiner's Signature	Initials				

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TITLE

Diagnostic imaging contrast agents with extended blood retention

FILING FEE RECEIVED 1742	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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